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## VER LETTER

	tration Section ion of Corporations			
SUBJECT:	Aranda Venture Inc.			
., 0 2 0 1 0 1 1	Name of c	corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpore f Existence," or "Certificate of ced foreign corporation to trans	Good Stand	ling" and check are submitte	
Please return	all correspondence concerning	this matter	to the following:	
Giovanni Arar	ada			
		Name of I	Person	
Aranda Ventu	re Inc.			
		Firm/Com	pany	
25096 Jefferso	on Ave A10			
		Addre	SS	
Murrieta, CA	92562			
	(	ity/State ar	nd Zip code	
aranda35@gm				
	E-mail address: (t	o be used f	or future annual report notif	ication)
For further in	formation concerning this matt	er, please ca	all:	
Giovanni Arai	nda at	(619	669-5518	
Nam	e of Person	Area Code	Daytime Telephone	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32		on orations		
	check for the following amounteek payable to: FLORIDA DEP, ing Fee S78.75 Filing Fee Certificate of S	ARTMENT ee & □		387.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Aranda Ventur	e Inc.		
(Enter name of of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	, 11
Aranda Ventur	e Inc. Nexgen		
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	z business in Florida)
2. California	3. 82-0726242		
	ry under the law of which it is incorporated)	(FEI number, if app	olicable)
02/14/2017			
(Date	e of incorporation) 5.	(Date of duration, if other ti	han perpetual)
6.		•	• • ,
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty Habilit	y)
7. 25096 Jefferson	Ave A10, Murrieta, CA 92562		•
	(Principal offic	e street address)	
	(Current mailing	address, if different)	~~~~~
			2022 HAY
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	# 1
Name:	LEGALINC CORPORATE SERVICES INC		-9
Office Address:	5237 Summerlin Commons, Suite 400		-9 AH II: 38
	Fort Myers	Florida 33907	
	(City)	, Florida 33907 (Zip code)	38
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointme comply with the provisions of all statutes re- r with and accept the obligations of my poss	e of process for the above stated ent as registered agent and agred lative to the proper and complete tion as registered agent.	corporation at the place e to act in this capacity. I
<del></del>	Wesley T (Registered signal's signal	ocan	
	(Registered agent's sig	nature)	
10. Attached is a	certificate of existence duly authenticated, r	ot more than 90 days prior to del	ivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
Chairman	Name:	□Chairman	Name:	
■ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Murrieta, CA 92562	□Director		
■ President	619-669-5518	□President		
■ Vice President		□Vice President		
■ Secretary	<b>■</b> Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	□Secretary		☐Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		<del> </del>
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme			irposes only, Non-indexed
12 7 1	Signature of Director o	r Officer		
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart			



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** 

ARANDA VENTURE INC.

**Entity No.:** 

3994393

Registration Date: 02/14/2017

Entity Type:

STOCK CORPORATION - CA - GENERAL

Formed In:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of April 25, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 005453630

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.